



EPOCH EVERLASTING PLAY NEW ACCOUNT SET UP

| COMPANY INFORMATION | | | |
|------------------------------------|--|-----------------------|--|
| Legal Business Name | | Buyer Contact Name | |
| DBA | | Buyer Email | |
| Phone | | Buyer Phone | |
| Fax | | President / CEO Name | |
| FEIN/Tax ID or Business # (Canada) | | President / CEO Email | |
| | | President / CEO Phone | |
| Corporate Address | | | |

| ACCOUNTING INFORMATION | | | |
|-------------------------|--|--------------------|--|
| Accounting Contact Name | | Accounting Phone | |
| Accounting Email | | Email for Invoices | |

| SHIPPING INFORMATION | | | |
|---|--|--|--|
| Ship to Name | | | |
| Ship to Address | | | |
| Shipping Hours of Operation | | | |
| Do you require a delivery appointment | <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone Number & Contact Name for Delivery Appointment | |
| Do you have a dock | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If No, please check any of the following that apply | <input type="checkbox"/> Liftgate Required <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Other | | |
| If other, selected please explain | | | |

| TYPE OF BUSINESS INFORMATION | |
|--|-------------|
| Store Front | Yes No |
| If Yes, number of locations | |
| Sell on Internet/Store Website | Yes No |
| Domain Name | |
| Signature confirms you agree you will not sell Epoch products on Amazon or other Marketplace sellers | |

UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE — MULTIJURISDICTION

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

Issued to Seller: _____

Address: _____

I Certify that:

Name of Firm (Buyer): _____

Address: _____

Is engaged as a registered:

- Wholesaler
- Retailer
- Manufacturer
- Seller (California)
- Lessor (see notes in pages 2-4)
- Other (specify) _____

and is registered with the below-listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, or ingredients or components of a new product or service to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) selling (California) the following:

Description of Business: _____

General description of tangible property or taxable services to be purchased from the Seller: _____

| State | State Registration, Seller's Permit, or ID Number of Purchaser | State | State Registration, Seller's Permit, or ID Number of Purchaser |
|-------------------|--|--------------------|--|
| AL ¹ | | MO ¹⁶ | |
| AR | | NE ¹⁶ | |
| AZ ² | | NV | |
| CA ³ | | NJ | |
| CO ⁴ | | NM ^{4,17} | |
| CT ⁵ | | NC ¹⁸ | |
| FL ⁶ | | ND | |
| GA ⁷ | | OH ¹⁹ | |
| HI ^{4,8} | | OK ²⁰ | |
| ID | | PA ²¹ | |
| IL ^{4,9} | | RI ²² | |
| IA | | SC | |
| KS | | SD ²³ | |
| KY ¹⁰ | | TN | |
| ME ¹¹ | | TX ²⁴ | |
| MD ¹² | | UT | |
| MI ¹³ | | VT | |
| MN ¹⁴ | | WA ²⁵ | |
| | | WI ²⁶ | |

I further certify that if any property or service so purchased tax free is used or consumed as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the Seller for added tax billing. This certificate shall be a part of each order that we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

(Owner, Partner, or Corporate Officer, or other authorized signer)

Title: _____



Epoch Everlasting Play
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Fax: 973-316-5883

CREDIT CARD AUTHORIZATION FORM

I, _____ representing _____
(Please print) (Company)

authorize Epoch to charge my credit card account for products and services provided.

MasterCard Visa MC/Visa Number: _____

Discover Discover Number: _____

Security Code: _____ Expiration (MM/YY): _____

This agreement allows Epoch Everlasting Play to charge my Visa, MasterCard or Discover for requested invoices.

NOTE: By selecting the Automatic Payments option, ALL orders will automatically be charged to this credit card number.

Automatic Payments

Name, As It Appears On Card: _____

Credit Card Billing Address: _____

City, State, Postal Code: _____

Phone Number: _____

Authorized Signature: _____

Date: _____

Please sign, fax or email an executed copy of this form to:

orders@epocheverlastingplay.com

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www.epocheverlastingplay.com